Image# 202104149443336637

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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                 |              |             |                   |   |               |        |    |  |
|---|---|-----------------|--------------|-------------|-------------------|---|---------------|--------|----|--|
|   | Lemons-Johnson, Audra, , Mrs  | i.,             |              |             |                   |   |               |        |    |  |
|   | (b) Address (number and street)   |                 |              |             |                   | Candidate's FEC Identification Number     H2MI03171 |               |        |    |  |
|   | (c) City, State, and ZIP Code   |                 |              |             |                   |   | New           | Amende | ed |  |
|   | Battle Creek  |                 | MI           | 4901        | 4                 | Statement (   | N) OR         | (A)    |    |  |
| 4.  | Party Affiliation   | 5. Office Soug  | ht           |             | 6. State & Dist   | rict of Candidate                                   |               |        |    |  |
|   | REPUBLICAN PARTY  | House           |              |             | MI                | 03  |               |        |    |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                 |              |             |                   |   |               |        |    |  |
| 7.  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election) |                 |              |             |                   |   |               |        |    |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                 |              |             |                   |   |               |        |    |  |
| (a) Name of Committee (in full)   |   |                 |              |             |                   |   |               |        |    |  |
| Audra Johnson for Congress  |   |                 |              |             |                   |   |               |        |    |  |
|   | (b) Address (number and street)<br>121 Academy Street   |                 |              |             |                   |   |               |        |    |  |
|   | (c) City, State, and ZIP Code   |                 |              |             |                   |   |               |        |    |  |
|   | Battle Creek  |                 |              |             | MI                | 49014   |               |        |    |  |
| <ol> <li>I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> <li>NOTE: This designation should be filed with the principal campaign committee.</li> </ol> |   |                 |              |             |                   |   |               |        |    |  |
|   | (a) Name of Committee (in full)   |                 |              |             |                   |   |               |        |    |  |
| (b) Address (number and street)   |   |                 |              |             |                   |   |               |        |    |  |
|   | (c) City, State, and ZIP Code   |                 |              |             |                   |   |               |        |    |  |
|   |   | mined this Stat | ement and to | the best of | my knowledge a    | and belief it is true, correc                       | ct and comple | te.    |    |  |
|   | gnature of Candidate  |                 |              |             |                   | Date  |               |        |    |  |
| Le  | emons-Johnson, Audra, , Mrs.,   |                 |              | [Elec       | tronically Filed] | 04/14/2021  |               |        |    |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |   |                 |              |             |                   |   |               |        |    |  |
|   |   |                 |              |             |                   |   |               |        |    |  |
| l   |   |                 |              |             |                   |   |               |        |    |  |

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